

## Placer County Transportation Planning Agency Title VI Complaint Form

Placer County Transportation Planning Agency (PCTPA) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of <u>race, color, national origin, sex, disability, sexual orientation, and/or age</u>, pursuant to Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints may be filed for any alleged discrimination by PCTPA using this form or can be submitted directly to the California Department of Transportation (Caltrans) and/or the Federal Highway Administration (FHWA).

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact PCTPA's Title VI Coordinator at (530) 823-4029. Completed forms must be submitted to PCTPA's office or can be submitted via e-mail at the following location:

Placer County Transportation Planning Agency Attn: Title VI Coordinator 2260 Douglas Blvd., Suite 130, Roseville, CA 95661

E-mail: mcosta@pctpa.net

Phone:

Alt Phone:

City, State & Zip Code:

If you need translation services for languages other than English, please call 530.823.4030 for assistance. Spanish: Si necesita servicios de traducción para otro lenguaje, aparte de Ingles, Por favor llamar al 530.823.4030 para asistencia. Tagalog: Kung nangangailangan po ng tulong o interpretasyon sa ibang wika liban sa inglés, tumawag lang po sa 530.823.4030.

Your Name:

Street Address:

Person(s) discriminated against (if someone other Name(s):	er than complainant):		
Street Address, City, State and Zip Code:			
Which of the following best describes the reason the alleged discrimination took place? (Circle one or all that apply)			
<ul> <li>Race</li> <li>Color</li> <li>National Origin (Limited English Proficiency)</li> <li>Sex</li> </ul>	<ul><li>Disability</li><li>Sexual Orientation</li><li>Age</li><li>Other</li></ul>		
Date of Incident:			



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employees, contractors, and/or consultants involved, if available. Explain what happened and			
whom you believe was responsible			
Please attach additional sheets if no	ecessary.		
Have you filed a complaint with any (Circle one) Yes or No	other federal, state or local a	agencies regarding this incident?	
If so, list agency/agencies and conta	act information below:		
Agency		Contact Name	
Street Address, City, State & Zip Co	de	Phone	
Agency		Contact Name	
Street Address, City, State & Zip Co	de	Phone	
PCTPA will log your Title VI comp complaint to Caltrans, which is res and/or forwarding it to the FHWA action determined by either Caltrai included in the record, and provid records will be retained by PCTPA f	ponsible for reviewing and p for further administration. Ans and/or the FHWA will be a ed to the complainant. All T	rocessing the Title VI complaint Any response and/or corrective ddressed by PCTPA, as directed,	
I affirm that I have read the above information, and belief.	ve charge and that it is true	to the best of my knowledge,	
Complainant's Signature	Printed Name	 Date	